

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 10:05

DOCUMENT # 757914 (7)

1. Corporation Name

NORTHDAL SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 272004
TAMPA FL 33689

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TAMPA FL 33689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1981

3a. Date of Last Report

02/11/1994

4. FEI Number

59-2407352 58-2197352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**BLATTER, JEAN A
14025 N DALE MABRY
TAMPA FL 33818**

10. Name and Address of New Registered Agent

81 Name

NELSON BARBARA

82 Street Address (P.O. Box Number is Not Acceptable)

4009 PRIORY CIRCLE

83

84 City

TAMPA FL

85

Zip Code

33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Barbara Nelson

BARBARA NELSON

4/3/95

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROTH, WENDY
STREET ADDRESS	16502 E COURSE DR
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	BLATTNER, JEAN ANN
STREET ADDRESS	14025 N. DALE MABRY
CITY - ST - ZIP	TAMPA FL
TITLE	VDS
NAME	PEARSON, JUNE
STREET ADDRESS	3118 BELMORE RD
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	FERNANDEZ, PEPE
STREET ADDRESS	4105 WOODSIDE MANN DRIVE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change	☐ Addition
12 NAME	PATNEAUDE MIKE		
13 STREET ADDRESS	917 RAINING CIRCLE		
14 CITY - ST - ZIP	Lutz, FL 33549		
21 TITLE	TD	☒ Change	☐ Addition
22 NAME	NELSON BARBARA		
23 STREET ADDRESS	4009 PRIORY CIRCLE		
24 CITY - ST - ZIP	TAMPA, FL 33624		
31 TITLE	VP	☒ Change	☐ Addition
32 NAME	ALICK, ROGER		
33 STREET ADDRESS	2902 W. KENMORE AVE		
34 CITY - ST - ZIP	TAMPA, FL 33614		
41 TITLE	VP	☒ Change	☐ Addition
42 NAME	DEVERIDGE, DAVE		
43 STREET ADDRESS	4613 LANDSCAPE DR		
44 CITY - ST - ZIP	TAMPA, FL 33624		
51 TITLE	RD	☐ Change	☒ Addition
52 NAME	REBALDO, JOANNE		
53 STREET ADDRESS	4219 CAROLINWOOD VIMORE DR.		
54 CITY - ST - ZIP	TAMPA, FL 33624		
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA NELSON

4/29/95

Date

Daytime Phone

(P15) 961-0687